

Eastern MRS Meeting Notes
April 15th, 2008
Tarboro County Administration Bldg. Tarboro

Counties Present: Bladen, Brunswick, Craven, Cumberland, Edgecombe, Franklin, Halifax, Harnett, Nash, New Hanover, Northampton, Pasquotank, Perquimmons, Pitt, Washington.

Introductions

Announcements Evaluation, DCD Letters

Accountability 100% accountable, why, Fish principles, How do we get there?

Closing In Home Services

Non-Compliance Petitions

Announcements

- DCDs
 - Individual training assessment on ncswlearn: Part A tells you what trainings are required vs Recommended, Part B self assessment it will look at your training history and interests and tell what trainings you might be interested in.
 - Family Violence Grants
 - PIP has been approved by Feds.
 - RIL can look at the history of changes on RIL

Accountability

When Holly travels she frequently hears we don't have that service here or trouble with getting some other agency to do their job which allows us (DSS) to do our job better. System of Care should be able to help address this. In this vein, what does 100% accountability mean to you and how can we achieve it?

- FISH principles Be there: when you are at work, be at work, you may have a lot going on at home etc., but do your best to be at work while you are supposed to be there. This also means coaching your co-workers when appropriate and being willing to accept coaching from them as well. Choose your attitude. Make someone's day.
- Mental Health system is frustrating although to some extent it is true that they are a problem, what would be a better way to approach it?
 - Work to build relationships so that the process works more smoothly and you have a personal connection.
 - Educate ourselves so that we learn more about their system and how best to approach it.
 - At the end of the day, we can't control the Mental Health system but we can control ourselves and make sure that we have done everything we can, in the way we are supposed to do it.
 - These approaches work for other systems as well, not just Mental Health.

- Supervisors how do you address issues with workers when all you get is it is someone else's fault (the family, other systems, etc.)
 - Although you may get that tone initially from a worker, if you show a genuine level of commitment both workers and families will come around when they realize that you are genuine, and they will become genuine and invested as well.
 - Expectations be reasonable, be clear, and hold them accountable.
- Acknowledge things that we have no control over, and then think outside the box to find solutions. It's a waste of time to dwell on things that we can't control and just repeatedly complain about it.
- This is what System of Care is about others may be able to offer things that you can't. Find out what others have to offer and what you can offer them that you might not know about.
- Coaching FISH principle. Not just veteran workers coaching newer workers, but also the reverse. Particularly with the implementation of MRS often the newer workers who did not have the investigative mindset history were better able to coach veteran workers. Need to be open to both coaching and being coached and then hold each other 100% accountable.
- Sometimes when a subsequent CPS report comes in the initial worker feels that they have to defend their actions in the first assessment. There are two parts to this: short of moving in their home, you cannot control what the family does, and if you have done all that your reasonably could, you should feel ok about it. Also, supervision is a piece of this to ensure that the initial worker covered all the areas that needed to be addressed.
- At the end of the day, you can drive yourself crazy if you let yourself. Just ask yourself did you do everything that you really can? You can't always work from the sense of not being liable because that is one of those things you can't always control, you may end up being a scapegoat despite documentation that you disagreed with what happened. What you can do is do the best work you are capable of and that is all you can personally do.
- Concern that workers have too high a caseload. Holly responded by reminding people that the General Assembly did provide some funds, but this can't all come from the state, some of it has to come from the county.
- Accountability is something that you strive for every day. Can't just say I'm there and be done with it.

Closing In Home Services Cases

What are some of the indicators that let you know it is time to close?

- When the risk assessment is lowered.
- When the family has finished some of the activities and can articulate what they have learned and incorporate those skills into their behavior.
- When the issues leading to our involvement has been resolved.
- When the case plan objectives have been resolved.
- Sometimes it is a struggle with well-being needs what is enough? For example, with substance abuse, mom continues to use, but she has made a safety plan for the children and they are no longer at risk. We want to get

mom to stop using substances, but if the child is now safe, what is the goal? The safety of the child or mom to stop using? There is a fine line and it depends on how mom's use is affecting the child. Although bottom line, you cannot force mom to stop using, you can only make a determination that there is a safety plan in place for the child and that it is being followed. Our goal is for children to be safe, and although we would like for all of North Carolina residents to be substance free, we cannot do that, we can only try to ensure safety of children.

How do you know the risk has been lowered? In our Federal Review heard that maybe we are closing our 215 cases too soon or we are not doing things we need to before we close.

- How do we know this and get information to close?
- Talk to collaterals and children to see if there are changes in behaviors.

Closing CFTs most folks here are doing them at the close of the case.

- One county has them all the time as a mechanism for closure.
 - Sometimes need the closure not only for the family, but for the supports as well because it helps to clarify their roles as supports.
- This helps with accountability. If there is another CPS report, you can go back to the documentation of the closing CFT and see what piece didn't work out. Gives you a new way to approach the case if necessary (if what you put in place last time did not work) or a way to alter the approach if most things worked, and it was just one area that fell apart.
- Gives you something to point to with the family and ask about their goals (usually to keep DSS out of their lives) and then ask them what getting us out of their life will look like since you can show them the previous plans and where they fell through. (Accountability for family.)
- Maybe you have done multiple family assessments, and it is not working, so maybe you want to do an investigative assessment this time.
- Also gives you more information if you need to go to court after a subsequent report.
- It is like a closing celebration and everyone in the room feels good. Great way to end the case on a positive note. Not bringing the family in to chastise them with issues, but to celebrate what they have accomplished.
- Not just good for the families, but also good for the social workers we don't get a lot of praise for what we do.
- Other community partners may think we are closing the case early, but if they are at the meeting, they can see the progress that the family has made and the supports we have set up for the families. Also gives a chance to educate these community people on what our role is (that we can only engage families in non-voluntary services when the risk level reaches a certain point).

Getting Educators to be part of CFTs

- Cannot get educators to meet after making a report. Still want to be anonymous.

- Other counties have school social workers now saying that they want to attend. How did this change occur? Frequently it comes from above.
- DSS offers to come to the school. However some of the teachers just sit there and don't say anything.
- Bladen has done a cross county system of care memorandum and have cross agency CFT training. Still boils down to the individuals, some schools are great at working with DSS to be a part of CFTs and others that do not. They spent a lot of time talking one-on-one with the School Superintendent. This cross agency training is available to other counties. (Terry Shelton UNCG Holly will have her contact info.)
- If you can make the inroads with one person to overcome their apprehension or fear about a new process, and they come to a CFT, they can let their peers know what it was like. Their peers then are more likely to try it because one of their own colleagues has experience with it and it will seem less scary.
- In addition, most people don't know anything about DSS, so the perception is that DSS didn't do anything if we don't take custody. Wish that there was a way for the state to educate the public.
- The state can do that to some extent, but where it is going to matter most is on a local level at your county. Each person in the room is probably a member of something locally (church, Lions Club, etc.) where you can share what DSS really does. Local information means more to local community people than information from the state.
- There are also formal meetings on a local level in each community (CCPTs, etc) start there.
- One county is assigning a social worker per school so that they can develop personal relationships with persons at those schools.
- State level and local level people have signed memorandums of agreements. Hold those that signed them accountable to live the document.
- Keep in mind that this is a new role for the community partners. Think of how long it took some DSS folks to buy into MRS and we lived in all day every day. This is scary to some partners, and need to work with them on it.

Non-Compliance Petitions

Requested that we not call them non-compliance petitions, and instead call them Petitions without Non-Secure or Petition for Court Ordered Services or Non-Emergency Petitions .

All counties here have done them at some time, but several struggle with it.

Why do we do these, how are they helpful?

- Goal is to close 215 cases. If there is not sufficient progress look for another way to nudge parents along.
- One county has difficulty with these petitions, if the parents do anything at all, the view is that the parents are not non-compliant. Even if all the parents do is send the kids to live with Grandma (and they could take them back at any time) the attorney feels that this is not non-compliance .
- Many attorneys agree that we should not file a petition without asking for custody. There is some debate among attorneys if these are supported by

statute or not. From our standpoint, they are and these petitions are valid just like any other.

- There is an issue that we are not supposed to close without permanence and a safety plan is not legal permanence.
- There has to be some understanding that we (DSS social workers) need to make the social work decisions, and that the attorneys will do the legal work to get the petition to court.
- However, we must also be accountable and ensure that we have done everything that we should have/could have before we file.
- Also understand that there are different relationships with attorneys some work for DSS directly, some are county attorneys.
- Repeat cases, the cases come over again and again, but if you at some point file a petition, this is a wake up call for some families because that is the point where they really get motivated and realize that their lack of participation in the case may cause them to lose their child(ren).
- Can you look at how long 215 cases are open? Yes in DataWarehouse from SIS. However, when looking at spikes in length of 215 cases, be mindful of all the things that were going on statewide and in your community. Can't just say it was because of Mental Health divestiture, also your progress of MRS implementation could have been a factor during that time and numerous other possible factors.
- If we have told the family that they need to stop doing something (hit the child, use drugs, etc.) we need to help them to figure out some new behavior to cope with what ever the initial issue was. If we haven't done this, we have not been 100% accountable.
- Petition is dismissed when the judge dismisses it, where does that leave DSS with respect to case management?
 - You are done. Case management is closed. Needs to be clear in the finding from the judge that the agency needs to cease involvement?
 - Do you accept another report on that family a week later after the judge dismisses your petition? Yes.

Other Discussion

Question about how CFTs are progressing and looking in counties is 30 days enough time to get the players together

- New Hanover has a family meeting with a few days of 210 assessments when possible. The more serious cases where the reporting is (mostly) professionals. Get the players together to find out the extent of the problem. They have contracted with an outside mediator so he is totally uninvolved in the case planning.
- County where the same worker has 215 as had 210 feel that 30 days after 215 started is not too late, you should know the players by then because you worked with the family during 210.
 - Even if you do not have the same person doing 210 and 215 the 210 worker should be talking about CFT with the family when they are in the assessment process.

- When you get the first inkling that the case may go to 215 start introducing the idea and mention it in some respect every time you see them. It will take them some time to warm up to the idea of airing all their dirty laundry with people that they know.
- What happens when the parent disappears within the 30 days? You do whatever you can do. Did you really put forth the best effort to find them? If so, you work with the caretakers and safety resources and put something in place.

May meetings:

Central: Stanly Co DSS - 21st

Western: Asheville, AB Tech - 27th

East: Bladen Co DSS - 22nd

June meetings:

Central: Burlington 18th (this is tentative)

Western: Jackson County - 19th (this is still tentative)

East: Wilson Co DSS - 17th